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ABSTRACT

Alcohol studies, like most psychological studies, have traditionally focused on males. Several psychosocial theories have been used to explain male alcoholism, including dependency, the power drive, and sex role theory. This latter stance may provide a theoretical framework for the etiology of drinking which will apply to both sexes; however, reliance on psychodynamic theories leaves out a number of significant factors which contribute to female alcohol abuse, including genetics, family history, and hormonal status; and psychological components, such as inadequate coping mechanisms, impulse control problems, and role conflict. Research shows a number of differences between male and female alcoholics, in family background, in close relationships, in the development of alcoholism, in drinking behavior, and in the consequences of alcohol abuse.. Age roles are also significant, and, like sex roles, are determined both by biology and by social norms. A study of women alcoholics which compared age groups showed differences in age of drinking onset, marital and employment status, parent roles, and social networks. Women age 40 and over are most likely to seek treatment. Women alcoholics in their 20s often have problems with impulse control and the formation of adult identity, and women alcoholics in their 30s evidence the most conflict. A tremendous variability exists among women who abuse alcohol. While genetic and biological antecedents should be included in our explanations of alcohol abuse, the significance of sex role and social definitions of acceptable and unacceptable feminine behavior in the etiology of alcoholism should not be ignored. (JAC)

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FEMININITY ISSUES IN WOMEN'S ALCOHOL ABUSE

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FEMININITY ISSUES AS THEY AFFECT ALCOHOL ABUSE

The statement has been made so many times, it is almost a cliche. Theory in psychology, whether it relates to the laws of learning, characterological development, or psychological breakdown, historically has been androcentric. Psychological theories from Freud to behaviorism have built on the male model (even the rats were male) and the most comfortable defense of this is the argument that, after all, we are all human beings and function in similar ways. Without denying the universalities of learning, growing up, adopting the ways of one's culture, living out social roles -- it appears to be true that there are some very important sex differences.

In alcohol studies, the male focus has had better rationalization than in other areas of learning. There is no society we know of where women drink more alcoholic beverages than men do, and alcohol-related problems are manifested more frequently by men than by women in all societies we know about. But we have every reason to believe that women have been drinking since alcoholic beverages were invented. The Code of Hammurabi noted the suitable punishment for a priestess who entered "a wine shop" to drink and Roman law also contained prescription for punishment of those ladies who drank wine in socially disapproved ways. The Talmud says:

> One cup of wine is good for a woman;
> Two are degrading;
> Three induce her to act like an immoral woman;
> And four cause her to lose all self-respect and sense of shame.

Note that in some periods of history, female drinking was acceptable as long as it remained within prescribed limits; in other periods, it was totally prohibited.

For any society and for any period of history, the concept of femininity (what is the role of the woman?) and permission-to-drink are linked. Our own American history has gone through many different attitudes toward women's use of alcohol: it was no big issue among the early settlers and the early immigrants. It seems to have become an issue with "the cult of true womanhood," beginning around 1830 and linked to the rise of capitalism. The middle class ideal was, woman's place in the home setting the moral tone for the new nation. Although the temperance movement began as a male/female movement, it soon became a woman's movement. Setting a moral tone was woman's work. Note, however, that it was wicked women who drank publicly, in places like bars and taverns. The Women's Christian Temperance Union was deeply involved in the crusade against drink and drunkards but said little about women drunkards--women were perceived only as the victims of male drunkenness. The WCTU, it should be noted, was also an effective women's organization in working toward a number of social reforms: women's suffrage, prison reform, etc. (Bordin, 1981).

If we want to link concepts of femininity with drinking and with alcohol abuse, we have to recognize that there have been historical shifts over time and that attitudes about femininity-and-drinking varies from class to class and ethnic group to ethnic group within the U.S. One may talk about the "cult of true womanhood" and Godey's Lady's Book but please recognize that we are talking about an aspiring middle class and not about the thousands of poor, immigrant women who worked in factories and home labor. One of the difficulties in defining 'femininity" has been a class bias, a view of womanhood as seen from middle class America.

We will return to this question of femininity and sex role definition but let us look briefly at some of the psychosocial theories explaining male alcoholism. The major theories have focused on: A) Dependency and conflict over dependency; B) The power drive; C) Sex role issues. To what extent have these theories come to grips with issues relating to female drinking?

A. The McCords' dependency theory was based on a longitudinal study of an exclusively male sample. The concept of dependency used is not altogether clear but it seems to be an emotional need for others to supply gratification. Males, indeed, to deal with dependency needs and conflicts over dependency in a variety of ways. Alcohol abuse is one of them.

Does the same issue of independence/dependence apply to female alcohol abuse? It has not been written about much and yet it does have application. The mythical picture of the dependent female is the woman growing up under the protection and authority of her father who turns over the chore as protector to her husband. Dependency is the keystone of the Victorian, middle class image of womanhood (curiously, the WCTU'ers believed in this image even as they hacked away at the saloons and drove male drinkers up the wall). A redefinition of feminine sex roles has been under way since Adam and Eve but the process of redefinition was definitely speeded up in the last two decades. How does conflict over dependency relate to female alcohol abuse? I have no answer; we have not come to grips with this question. But it needs exploration.

B. The second theory, on drive for power, was again a theoretical viewpoint based on experimental work with male subjects by McClelland and his colleagues (1972). As defined in this theory, power is machismo. So where

does that leave women? Wilsnack (1973) studied women's social drinking and women alcoholics and concluded that drinking enhanced "womanliness." The alcoholic women were those who experienced conflict, consciously identifying as feminine but unconsciously manifesting more masculinity than a comparison control group. I would like to expand on the subject of male and female patterns of the drive for power, the different kinds of power drive and the issue of domestic vs. economic vs. political power, but time is limited. The power issue does lead into the third theoretical approach, i.e., sex roles theory.

C. Sex roles theory. Here we have a theoretical stance which may work for both sexes. Dr. Lemle will discuss masculine sex roles theory to female alcohol abuse by pointing up that such theory has been used in FOUR different ways by alcohol researchers.

FIRST: the traditional female role as the base of alcohol abuse. This view about sex-role-and-alcoholism argues that the traditional female role and the assigned tasks of wife/housewife/mother produce frustration and depression. There was a naivete about this view, in the early days of the feminist movement. Finding work, self-actualizing work outside the home was the fulfillment (this produced several famous movies on that theme). This point of view fit very nicely with the image of the woman alcoholic as "hidden" or invisible," drinking at home and usually alone. Since a large proportion of the women seen at treatment facilities and A.A. were indeed living traditional roles, this theorization meshed with the observation of female "closet drinking."

The SECOND use of sex roles to explain female alcohol abuse is precisely the opposite. Here it is "liberation" or "emancipation" which leads to excessive use of alcohol by women. This was stated explicitly by several writers. Gustafson (1974) wrote:

> Women drink more and at an earlier age than formerly. Sex role confusion as a consequence of women's liberation is debated as a possible reason for increased drinking.

This was stated even more directly by a team of French reseachers a little earlier (Massot, Hamel and Deliry, 1956):

> The changing role of women in our society contributed to the conflict. Alcoholism represents the ransom which woman pays for her emancipation.

Women's liberation carries a price tag, a matter which is still in debate relating to male/female rates of stress-related diseases, and one of these prices paid for changed sex roles is alcoholism.

THIRD: Here, sex roles are elaborated into a concept of "DUAL ROLE LOAD." A higher rate of alcoholism was reported among employed women, and a Rand Corporation report (Johnson, Armor, Polich and Stambul, 1977) presented data to show that married-women-who-are-employed have significantly higher rates of both problem and heavier drinking than either single working women or housewives.

The point may come through that a very large proportion of women are in the workplace, not to actualize themselves, but because they need the money. The double burden of the job held outside the home + the responsibilities for care of the family (shopping, cooking, childcare, etc.) produces this "dual

role load," perhaps better termed "dual role exhaustion," and it is this grinding, continual overload of responsibility which may lead to heavy drinking and alcohol abuse.

FOURTH: The fourth interpretation about sex roles and alcohol abuse posits sex role conflict as the key to alcoholism. After a small flurry of debate over this interpretation (e.g., Wilsnack, 1973; Beckman, 1978) it was summarized in a paper by Scida and Vannicelli (1979) who reported sex role conflict as significantly related to alcohol abuse among women but who pointed out that the conflict could take a number of different forms. What seems most useful to me about this interpretation is that we have integrated theory relating to sex roles and theory relating to conflict, early elaborated by Dollard and Miller (1950) into a useful combination.

All of these interpretations make sense and fit some of the data but none is a good all-encompassing explanation. Some women become alcoholic because they have been good, conforming girls all their lives and find the payoff inadequate. Some women believe that if they are wage-earners, they have the same rights to get drunk as male wage-earners. Some women turn to alcohol because they are worn down by responsibility. And some are affected by the pressure of rapid change, choices which have to be made, and conflict in setting priorities.

Of the theories briefly described, the explanations which link female alcohol abuse to sex role seem most promising. NONETHELESS, we are placing too heavy a burden of explanation on psychodynamics. We have left out biology, genetics and even our sister fields, sociology and anthropology. Simplistic psychodynamic theories omit hormones, the metabolism of alcohol,

peer pressures, changing norms and a number of other significant factors contributing to alcohol abuse.

FEMALE ALCOHOLISM

(FIGURE 1)

This is a very hypothetical model of the sequence of events which we think is at least a working model to begin with.

The genetic contribution to alcoholism, while it has been - in my opinion - grossly overblown recently, is nonetheless there. The fact that people from alcoholic families are more likely to develop alcoholism is a fact of life, demonstrated in research which compares family histories of alcoholic patients and controls, known for a long time. More recent work has demonstrated, with twin studies and with adoption studies, that there is a genetic contribution. Currently, there is something of a boom on studies of "high risk populations," i.e., young people with positive family histories, and on long-term longitudinal studies. I wish them luck and I hope they get some clues to answer these questions: WHY DO SO MANY PEOPLE FROM ALCOHOLIC FAMILIES NOT BECOME ALCOHOLIC? WHY DO SOME PEOPLE BECOME ALCOHOLIC IN THE ABSENCE OF ANY POSITIVE FAMILY HISTORY?

We list FAMILY HISTORY POSITIVE FOR ALCOHOLISM AND/OR DISRUPTION to emphasize that we are dealing with a nature/nurture situation. I do not need to elaborate on the effects of an alcoholic parent on family life. There is some interesting work by family researchers suggesting a working hypothesis: the more disruptive the effects of parental alcoholism on family life, the

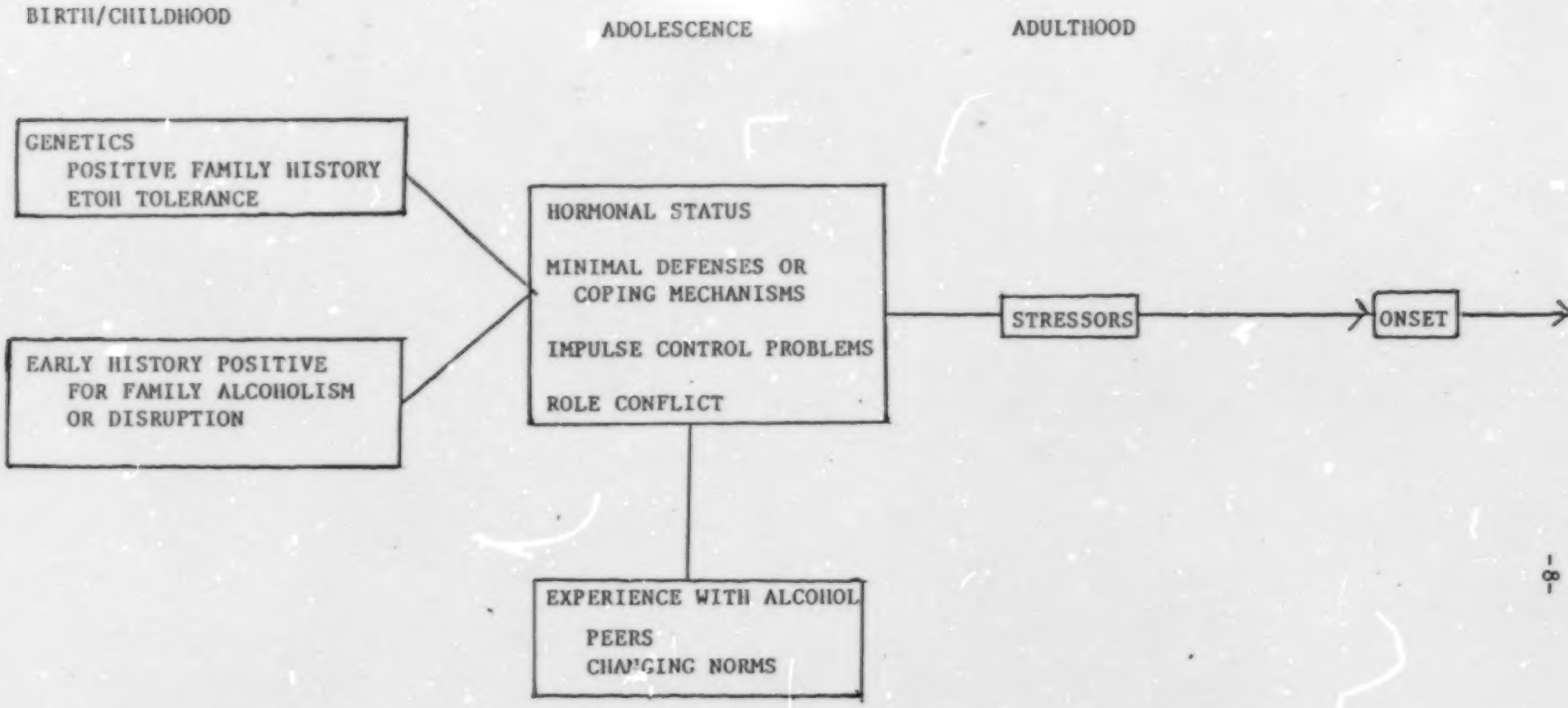

FIGURE 1. A HYPOTHETICAL SEQUENCE OF EVENTS LEADING TO FEMALE ALCOHOL ABUSE

more likelihood the children in the family are to develop alcohol problems (Wolin, et al., 1980).

Hormonal status is a summary term which includes female biological life events: menses, pregnancies, menopause. Note that we are NOT talking about the effects of alcohol on menstruation, ability to conceive and carry to term, on the fetus. Hormonal status refers to explanations of female alcoholism in terms of premenstrual tensions or menopausal depression. While such explanations are, again, simplistic, the role of biological variables is not to be excluded. This seems a good place to emphasize that "femininity" is a socially defined role but it is also a biological role. We know that learning, experience and social norms influence the behavior and attitudes toward menstruation, pregnancy and menopause but to deny the biological role of women and some potential contribution to the etiology of alcoholism is not good science.

As a feminist, I am often turned off by the emphasis on the gonads which exists in discussing female alcoholism. First it was the menopausal depression, now it is the premenstrual syndrome. Women may be, as students say to me, more "in touch with their bodies" than men are but that does not explain the preoccupation of the alcoholism field with the "fetal alcohol syndrome" which exists, albeit for only a small proportion of women alcohol abusers. The FAS issue has become more of a crusade than a scientific debate and controversy has even flared up in SCIENCE, the journal which got the scoop on behavior therapy with alcoholics as well as the debate over whether pregnant woman may drink at all.

In our model, the psychological components which seem to have some supporting evidence are: inadequate coping mechanisms, impulse control problems, and role conflict. These components, as we will see in looking at some of our current data, vary from one group of women alcoholics to another.

To sum it up, we believe that women have both biological and social sex roles, that femininity is defined differently by different subgroups in societies and at different times, that we are born with a biologically determined gender, and over this, is laid layers of learning - a socialization process in which we are taught what the feminine role prescriptions are, what we are assigned to do in terms of work, men, other women, responsibilities, social behaviors, etc. Among other social behaviors, society defines where, when and how much women may drink. And because social norms permit women to be "sick," to visit doctors and take medicine more than men do, women are not only the big users of psychoactive drugs, they are more likely than men to have problems of polydrug usage, of drug interaction and potentiation. It is not only drinking norms but medicine-taking norms which must be considered when female alcohol abuse is discussed.

It would seem that sex role issues and alcohol abuse come together in different ways depending on whether you are a man or a woman, and further depending on whether you are a young woman or a middle-aged or older woman. I would like to explore gender differences in alcohol abuse briefly, and then turn to some of our current data on differences between alcoholic women in different age groupings.

GENDER DIFFERENCES

When I proposed to study alcoholism in women in the mid-fifties, my colleagues thought that was rather a waste of time. What was known about male alcoholism was generalizable, so what was the difference? About twenty or so studies later, we know that there are a number of differences between male and female alcoholics which show up in the literature.

1. Women alcoholics are more likely than male alcoholics to report a positive family history.

(FIGURE 2)

2. Women are more likely to have an alcoholic or heavy drinking spouse/lover/boyfriend than alcoholic males are to have an alcoholic or heavy drinking wife/lover/girlfriend.

   Putting the first two points together, it is clear that women are more vulnerable to the presence of an alcoholic or heavy drinking person in their early environments and in their adult lives. Women who develop alcohol abuse problems are more likely than men with alcohol problems to have <u>someone</u> - parent, sibling, other relative, boyfriend or husband - who is a heavy, problematic drinker.

3. Women generally develop alcohol problems at a later age than men do. When seen at treatment facilities, duration of alcoholism is shorter. Women more often cite a stressful event as precipitating the onset of their problem drinking. There is some limited evidence that the phases or development of the alcoholism follows somewhat different courses for men and women (James, 1975).

FIGURE 2:

WOMEN WITH ALCOHOL PROBLEMS: HISTORY OF DISRUPTION IN FAMILY OF ORIGIN

Loss/parent absent

1958	Rosenbaum	40%	
1964	de Lint	37%	Male alcoholics: 13%
1966	Kinsey	72%	

Parent absent or psychiatrically ill

1968	Winokur & Clayton	39%	Male alcoholics: 22%

Alcoholism/problem drinking in family of origin

1937	Wall			
1955	Sherfey	68%	Male alcoholics: 44.9%	
1957	Lisansky	44% parents	Male alcoholics: 35%	Prison women: 51%
		24% siblings	Male alcoholics: 9%	Prison women: 19%
1958	Rosenbaum	40% (fathers)		
1964	Wood & Duffy	51% (fathers)		
1966	Johnson et al	34% (father), 31% siblings.		
1966	Kinsey	34% (fathers)		
1968	Winokur & Clayton	40% parents.	Male alcoholics: 24%	
1971	Jacob & Lavoie	42% parents		
		42% siblings		
1971	Rathod & Thomson	60% parents		
1972	Jones (RW)	30% relative.	Male alcoholics: 23%	
1975	Hoffman & Noem	26% (fathers)	Male alcoholics: 24%	
		6% (mothers)	Male alcoholics: 5%	
1976	Browne-Mayers, et al	50% ("family history positive")		

4. In drinking behaviors, men report more frequently: daily drinking, morning drinking and binge or bender drinking. They obviously drink larger quantities than women do, they drink more frequently.
5. Women, much more often than men, drink alone. When they drink with others, it is likely to be someone close to them rather than someone else in a bar. This reflects the difference in contexts of drinking: men are more likely to drink in public places, women at home.
6. The consequences of alcohol abuse. Men more often report delirium tremens, but interestingly enough, there is increasing evidence that, other things being equal, women are more likely to develop liver disease. Men more frequently report loss of job, a comparison related to socially defined sex roles -- more men are in the workplace. Arrests are more frequent with men because they drink more publicly. Family quarrels are reported more frequently by women. In fact, major consequences for women appear to lie more in familial/marital disruption. If male alcoholics and female alcoholics in a given treatment facility are compared on marital status, the women report more marital disruption, i.e., a higher proportion will be divorced or separated from spouse.

AGE DIFFERENCES AMONG WOMEN ALCOHOLICS

In one of the earlier papers written about women alcoholics (Lisansky, 1957), comparison was made between two groups of women alcoholics: middle class outpatient clinic women and lower class women alcoholics in prison. Our current research compares subgroups of women alcoholics; this time, the comparison is by age group.

If we compare people now in their 20's and people now in their 40's, we are looking at differences which are based on different stages in the life span. In the twenties, adult identity is resolved in choices of work, mate, lifestyle. The forties represent middle age where the consequences of the choices made earlier are lived out - one pursues a career, raises the children, lives in a marriage, has reasonably stable social networks. These are AGE ROLES, determined as are sex roles, both by biology and social norms.

These generational or cohort differences are, however, confounded by historical change like the rising proportion of women working outside the home, the increasing incidence of divorce and single-parent families, the sexual revolution, and the larger number of nonmarried persons living together.

Our research does not attempt to separate life span or generational differences from historical shifts. It is cross-sectional, not longitudinal. We have compared alcoholic women in treatment facilities by age group to demonstrate that significant differences exist with implications for treatment and prevention. Our explanations of the differences between early-onset alcoholic women and later-onset alcoholic women are admittedly speculative.

Accordingly, we interviewed - in 25 different treatment facilities - 301 women divided into those in their twenties, their thirties and their forties. In order to compare alcoholic women in general with a nonalcoholic matched group, we also interviewed 137 nonalcoholic women, matched in age to the alcoholic samples. We expected to find differences between age groups which were not unique to alcoholic women, e.g., age at first drink shows a decline from older to younger; women whether alcoholic or not begin drinking earlier than they used to.

The interview schedule included demographics, and items relating to early life experience, current role behaviors, drinking history, health and pregnancies, and social support networks. The drinking history items were modified for the control group.

(TABLE 1)

This summarizes the ages, duration of alcoholism and the womens' ages at the onset of alcoholism. Women who are older show longer duration of alcoholism, 8.6 years compared with the youngest group 5.4 years. However, the older women are not simply the younger alcoholics grown older - they began drinking later in their lives. There is a good deal of data and we will summarize some of the relevant points and present several of our tables.

In reports about early family life, the alcoholic women significantly more often report alienation from their mothers than do the controls, and the difference lies primarily between alcoholics and controls in their twenties. Difficulties in their relationships with other girls during their high school days also characterize the younger alcoholic women. Acting out behaviors: on all measures involving impulsive behavior and trouble with authority (e.g., running away, trouble in school), the alcoholic women report significantly more such behavior than the controls and it is the alcoholic women now in their twenties and thirties for whom the differences are significant.

Under the general heading of "sex role behaviors," let us look at the marriages, employment status, parenting role and social networks of women who abuse alcohol and those who do not.

AGES OF RESPONDENTS

	20-29	30-39	40-49	
N: alcoholic women	99	108	94	= 301
N: control women	34	53	50	= 137
Mean age: alcoholic women	24.9	35.1	45.1	
Mean age: control women	24.0	34.6	45.0	
Mean duration of alcoholism	5.4	6.8	8.6 years	
Mean age at onset	19.6	28.3	36.5	

	AGE AT ONSET		
	Below 25	25-35	36 and older
20-29 alcoholics	93%	7%	0
30-39 alcoholics	21%	75%	5%
40-49 alcoholics	2%	39%	59%

Data from NIAAA Research Grant 5 R01 AA0414[illegible].

TABLE 1. AGE AND DURATION OF ALCOHOLISM

MARRIAGES

As has been found many times before, the % of alcoholic women who marry is the same as the general population. It is in marital disruption that the differences appear and we are engaged in analyses to see whether the marriage breaks up before or after the woman has begun alcohol abuse. We find a significantly higher % of heavy and problem drinkers among the husbands of the alcoholic women - a repeated finding.

EMPLOYMENT STATUS

(TABLE 8)

Clearly there are more women employed among the controls than in the alcoholic group. The proportions of unemployed women are higher for alcoholic women in all three age groups: these are women who consider themselves workplace women but who do not have jobs.

The proportion of women who are homemakers relates to marital status, to education and training and to sex role attitudes. In the youngest group, the differences are small and there are fewer housewives among the alcoholic women than among the controls. In the thirties and forties, the proportion of homemakers is considerably higher among alcoholic women than among the controls.

If we look at figures for married women with children (not on the Table), clear differences appear. Alcoholic women are significantly less likely to be working outside the home than the nonalcoholic mothers. THIS DIFFERENCE APPEARS IN ALL AGE GROUPS but is maximal in the forties where 34%

Employment Status of Alcoholic and Non-Alcoholic Women

	Working	Unemployed	Homemaker
Alcoholic Women			
19-29 years	68.9%	22.2%	8.9%
30-39 years	56.5	15.7	27.8
40-49 years	39.6	17.6	42.9
Non-Alcoholic Women			
21-29 years	78.1%	9.4%	12.5%
30-39 years	81.1	5.7	13.2
40-49 years	71.4	4.1	24.5

Occupations of Employed Alcoholic and Non-Alcoholic Women

	Professional	Managers	Clerical	Sales	Craft Operative	Service Labor
Alcoholic Women	24.5%	8.8%	22.0%	5.7%	19.5%	19.5%
Non-Alcoholic	33.0%	16.5%	27.2%	5.8%	2.9%	14.6%

$X^2 = 19.6, df = 5$
$p < .001$

Data from NIAAA Research
Grant 5 R01 AA04143

TABLE 8. EMPLOYMENT STATUS

of alcoholic-married-women-with-children are in the workplace but 69% of nonalcoholic-married-women-with-children are working outside the home -- a statistically significant difference.

PARENTING ROLE

(TABLE 9)

First, pregnancy. Then motherhood.

Alcoholic women drink significantly more often during pregnancy than do the controls (b). Furthermore, (c) shows that it is more characteristic of the younger alcoholic women to drink during pregnancy. A total of 12.9% of the youngest group of alcoholics have drunk every day or often during pregnancy. The (d) portion of the table suggests that if heavy drinking during pregnancy causes fetal damage, it is far more likely to occur among the youngest alcoholics.

It should be noted that younger or older, of the 184 women who abuse alcohol who had mothered children, only 2.6% drank daily and 5.1% drank often during their pregnancies.

We have no information about the status of the children and cannot say objectively how much damage the mother's alcohol abuse inflicts on the children. More than half of the alcoholic women were guilty about their mothering. 85% of them felt they set a bad example. About the statement, "Heavy drinking has a worse effect on growing children if it's the mother who is drinking rather than the father," two-thirds of them agree with the statement.

(b) DRINKING DURING PREGNANCY (ALL PREGNANCIES, COMBINED MEASURE)

	EVERY DAY	OFTEN	OCCASIONALLY	NEVER (in percents)
ALCOHOLICS	2.6	5.1	47.2	45.2
CONTROLS	0	.4	56.9	42.7

Chi square = 18.86
p = <.0001

(c) DRINKING DURING PREGNANCY (ALL PREGNANCIES, COMBINED MEASURE)

AGE BY DECADE COMPARISON OF ALCOHOLIC WOMEN (in percents)

20-29	3.2	9.7	61.3	25.8
30-39	2.1	6.7	51.3	40.0
40-49	2.8	3.7	43.3	50.2

Chi square = 12.21
p = .06

TABLE 9. THE PARENTING ROLE (continued)

(d) RELATIONSHIP OF ONSET OF ALCOHOLISM TO BIRTH OF CHILDREN

Onset of alcoholism occurred:

	In percents		
	20-29	30-39	40-49
	N=22	N=75	N=87
Before all children born	54.5	12.0	1.1
During childbearing years	13.6	14.7	14.9
After all children born	31.8	73.3	83.9

Chi square = 48.39
p = <.0001

BEST COPY

SOCIAL NETWORKS

It will come as no surprise that alcoholic women report themselves as receiving less support from others and that this perception goes back to supports of childhood and adolescence (Schilit, 1984).

What we will look at today are the social context of drinking by women who abuse alcohol, and the effects of the alcohol abuse on their social networks.

(TABLE 12)

Are women "closet" drinkers? Quite clear age differences exist in the pattern of where and with whom the women drink. Older women, the more tradition-bound group, are more likely to be drinking at home and younger women are more likely to be drinking in public places. Older women who abuse alcohol are more likely to be drinking alone. All the women are much more likely, when they have a drinking companion, to drink with a man rather than another woman.

(TABLE 13)

And, finally, the question: what are the effects of the alcohol abuse on the woman's social supports? I conclude with this table because it reminds us that our stereotypes need constant examination. The stereotyped picture of the woman alcohol abuser includes "stigmatization." Men and women alcoholics alike experience a narrowing of social contacts as their alcoholism progresses. We believe that women alcoholics are more disapproved and rejected than male alcoholics (there is some evidence for this) but the main

SOCIAL CONTEXTS OF DRINKING BY ALCOHOLIC WOMEN

In the last few months, where did you drink most often?

	Percent of Yes response			
	20-29	30-39	40-49	
In your home alone?	71	85	86	*
In your home with another person?	54	49	58	
In someone else's home?	65	42	55	**
At your place of work?	27	14	8	**
At bars, lounges, clubs?	71	55	34	***

With whom did you drink most often?

Mostly by myself	52	69	77	***
Mostly with a man	68	71	80	
Mostly with another woman	32	29	20	
Mostly with people you knew	94	89	100	
Mostly with strangers	6	11	0	

Data from NIAAA research grant 5 R01 AA04143, aided by a grant from the Rackham School of Graduate Studies, University of Michigan.

* $p = <.05$
** $p = <.01$
*** $p = <.001$

TABLE 12. SOCIAL CONTEXTS OF DRINKING BY ALCOHOLIC WOMEN

EFFECTS OF DRINKING ON SOCIAL SUPPORTS: PERCENT RESPONDING YES

Because of your drinking,	20-29	30-39	40-49	
Quarrelled with family	73	71	61	
Family/friends angry at R	70	74	70	
Communication with relatives decreased	75	55	29	***
Lost communication with your children	9	42	46	***
Most people you knew very critical	44	35	19	***
Friends stopped calling or visiting	43	30	24	*
Began to avoid nondrinking friends	70	56	43	***
Cut yourself off from old friends	70	51	51	**
Saw few people, mostly those you drank with	74	56	46	***
Left home only to buy liquor	56	64	55	
Suspicious and distrustful of others	78	68	43	***

Data from NIAAA Research
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* $p = < .05$

** $p = < .01$

*** $p = < .001$

TABLE 13. EFFECTS OF ALCOHOLISM ON

WOMENS' SOCIAL SUPPORTS

point we are trying to make here is THAT THE PROCESS OF NARROWING SOCIAL CONTACTS IS NOT WHOLLY A PASSIVE PROCESS OF REJECTION, THAT WOMEN WHO ABUSE ALCOHOL MAKE SOME CHOICES.

The interview items in this table are grouped so that rejection by family and friends are described by the items in the upper half and the more active role of the woman in narrowing her social networks are described in the lower half. While the social repercussions of alcohol abuse are real, the woman is not only rejected, she does some active rejecting herself.

Note, too, the age differences here: the younger women report more isolation, both by rejection and by choice than do the older ones. This has a number of implications for rehabilitation.

SUMMARY

We have come to some tentative conclusions which emphasize some of the differences between early-onset and later-onset women alcohol abusers.

Forties and Over

The women in their forties are the women most like the control group; differences between alcoholic and nonalcoholic women are smallest in this age group. This is the age group most frequently seen in treatment facilities and it is the age group about which most of the published literature has been written. It is interesting to speculate why women in their late thirties and in their forties are most likely to seek treatment. From the consistent indications of national surveys, problems associated with drinking are not at peak in this age group.

The average woman in the forties group of alcoholics we studied was born in 1936 and she is the most likely to have been socialized in traditional feminine sex role behavior. Anticipating fulfillment in the role, many of these women have found themselves disappointed. This occurs often before the forties; an apt description of depressed women in their thirties by Scarf (1980) follows:

> ... an "I've been cheated" sense that the fantasies and dreams of girlhood had not been and might never be satisfied (p. 7).

Alcohol seems a way of minimizing frustrated and resentful feelings. With these women, clinical approaches used in most agencies are appropriate. Participating in Alcoholics Anonymous and/or women's groups is often effective. When marriages are intact, marital therapy involving the spouse, is useful. The task is often rebuilding social networks and reconstructing social roles within the family and, if the client is so inclined, in the community. Finding a job or volunteer work or entering vocational training is frequently an important adjunct to clinical therapy. These alcoholic women may often seek help and advice about their children and the involvement of her children in therapy may be extremely helpful.

Young women alcoholics in their twenties

With this age group, there are serious problems with impulse control and in the formation of adult identity. Relationships with the family of origin are frequently strained and tense, and therapists would do well to help these young women work out their relationships with their mothers and with other women. Group therapy involving a women's group should be relevant.

Frequently, these young women have histories of acting out behaviors and need to work on the issue of impulse control. For many of them, it is unrealistic to talk of reconstructing adaptive social networks: their networks have been, very often, alcohol-related and drug-related. Intimate relationships are stormy and often self-destructive to a marked degree. Half the young women alcoholics interviewed (47 women in their twenties) began alcoholism while they were adolescents. In working with this age group, therapists will need to work with and to learn from those who have worked in adolescent psychotherapy and in juvenile misbehaviors. There are lessons to be learned from those who work with adolescents and young adults.

The "Big Chill" age group: the thirties

The mean year of birth of the women in this group is 1946: they are what has been called the Baby Boom generation. When they are successful, the media call them Yuppies or something similar. Our women patients are not the ones who have been successful either at work or in human relationships.

At the outset, we postulated that our measurements would show the greatest degree of disturbance in the youngest group of alcoholics. In a number of ways and on some variables, this thirties age group has manifested more conflict and disturbance than the other two groups of women alcoholics. We believe that we may have here a single cohort effect and that this age group may have borne the brunt of the rapid social change in the definition of women's roles. The typical patient in this age group experienced adolescence during the turbulent 1960's. We will be examining further the contribution that rapidity of change and conflicting definitions of sex-role-appropriate-behaviors makes to the alcoholism of this age group. We think that this is

the group which needs help in conflict resolution, in choice of priorities relating to work and to family, and in synthesizing what appear to be conflicting goals.

Having begun with a cliche, I will end with one. We find tremendous variability among women who abuse alcohol, a variability which extends to the interaction between their incorporated sex roles, their view of femininity and their alcoholism. We find women with traditional, nontraditional, role overload, and conflict and confusion over sexual role.

Alcohol abuse among women is related to many antecedent variables but the fact remains that a society defines what, where and with whom a woman may drink, and social norms determine a more or less positive view of female intoxication. As for sex roles, the best comment has been made by Keller (1974):

> Assigned at birth, they are not exterior to the self but help create its foundation. This means that they become so deeply intertwined with one's basic identity that individuals cannot wish or think them away at will. Once in place, sex roles become firmly locked into the psychic system, forming a permanent screen through which to perceive and experience the world. (page 412)

The genetic and biological antecedents should be included in our explanations of alcohol abuse but to deny the significance of sex role and societal definitions of acceptable and unacceptable feminine behavior in the etiology of alcoholism is foolish.

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